

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**09/486134**

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*	
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TOTAL IND.	1	2									
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